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ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth

Globe

County

Gila

No.

Euclid

St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other	and	Number in order of birth
Male	one		
DATE OF BIRTH* June 26 1923			
(Month) (Day) (Year)			
FULL NAME	FATHER		
Jahn Janovich			
FULL MAIDEN NAME	MOTHER		
Stella Janovich			

I HEREBY CERTIFY that the child described herein has been named

Dave Jahn Janovich

(Give name in full)

(Surname)

Stella Janovich

(Give name in full)

(Parent's Signature)

Sophia Janovich

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

418-626-218